

GOVERNMENT OF THE DISTRICT OF COLUMBIA
Department of Banking and Financial Institutions



RE: District of Columbia Check Cashers License

Dear Prospective Applicant:

This letter is to inform you of a new law, "Check Cashers Act of 1998," which became effective May 12, 1998. The law states that no person, group, or business shall engage in the business of cashing checks for consideration without first obtaining a license from the Commissioner of the Department of Banking and Financial Institutions. A copy of the law is enclosed for your review.

The Check Cashers Act also places limitations on the fees that may be charged for cashing checks. The maximum limits are 5% for a government or payroll check, 7% for an insurance check, and 10% for a personal check or money order. In addition, a receipt must be provided to the customer which states the fees charged for cashing the check. For additional limitations on business operations, please refer to Section 20 of the Check Cashers Act.

In order to continue cashing checks, your business is required to file an application with and receive approval from the Department of Banking and Financial Institutions. The application and instructions for completing the application package are included with this letter.

If you have any questions regarding the application materials, the Act, the licensing process, or any other matter related to check cashing in the District of Columbia, please do not hesitate to contact me or my staff at (202) 727-1563.

We look forward to working together with you to implement this licensing law. The Department of Banking and Financial Institutions, on behalf of Mayor Anthony Williams, welcomes your business to the District of Columbia.

Sincerely,

A handwritten signature in dark ink that reads "Albert L. Elder, III".

Albert L. Elder, III
Interim Commissioner

Enclosures



**GOVERNMENT OF DISTRICT OF COLUMBIA
DEPARTMENT OF BANKING AND FINANCIAL INSTITUTIONS**

Safety and Soundness Division
1400 L Street, N.W., Suite 400
Washington, DC 20005
(202) 727-1563 Phone (202) 727-1290 Fax

**APPLICATION FOR A CHECK CASHERS LICENSE
INSTRUCTIONS**

An applicant applying for a check cashers license to engage in business as a check casher pursuant to the "Check Cashers Act of 1998" must complete and file an Application for a Check Cashers License. Each application must include the following items:

1. completed **Application for a Check Cashers License** which includes the following attachments:
 - Attachment A: Clean Hands Act Certification Form**
 - Attachment B: Bond** form submitted for appropriate amount: \$5,000 for each location, mobile unit, and limited station (*See Section 7 of the Check Cashers Act*).
 - Attachment C: General Information** form
 - Attachment D: Signature and Oath of Applicants**
 - Attachment E: Affidavit**
 - Attachment F: Background Check Authorization** form must be filled out for each of the following:
 - Director
 - Senior Officer – a person who is no more than three levels of management removed from the CEO of the applicant
 - Partner
 - Principal – a person who owns, directly or indirectly, 10% or more of the applicant
 - Attachment G: Personal Financial Report and Biographical Information** for each individual required to fill out a Background Check Authorization form (*see Attachment F*)
2. a **Certification from a depository institution** that the applicant has at least \$25,000 *per location* on deposit or an established line of credit for operation of the business, or some combination of both. Neither letters of credit nor lines of credit from sources other than a bank or other depository institution will satisfy this requirement. A copy of the line of credit agreement, commitment letter and promissory note should be submitted, if applicable.
3. copy of business' **schedule of fees and charges**, in both English and Spanish (*Schedule must be conspicuously posted in every location pursuant to Section 18(a) of the Check Cashers Act. Fees must conform to the limitations established in Section 18 of the Act.*)
4. current (less than 90 days old) **financial statement for the applicant** and for each entity owning, directly or indirectly, 10% or more of the applicant

5. copy of most recent **audited financial statement** if applicant is an operating entity
6. current copy of **company credit report**
7. a beginning **balance sheet and pro forma balance sheet and income statement** for the first year of operation, if applicant is a newly organized entity
8. an **original Letter of Good Standing** from the Corporation Division, Department of Consumer and Regulatory Affairs (DCRA), 941 North Capitol Street, NE, Washington, DC 20002, (202) 442-4400
9. a check made payable to the **DC Treasurer** in the amount of \$300 per location or mobile unit (*the \$300 is nonrefundable*). An applicant for a license to maintain one or more **limited stations** shall pay a nonrefundable license fee of **\$150** for each limited station.

The application, check, and associated paperwork may be mailed or hand-delivered to:

**Department of Banking and Financial Institutions
Safety and Soundness – Non-Depository Division
1400 L Street, NW, Suite 400
Washington, DC 20005
Phone: (202) 727-1563
Fax: (202) 727-1290**

All documents filed, with the exception of personal financial report and biographical information forms, become part of the public record unless the applicant makes a written request for confidential treatment of a particular document or information. Final determination as to the confidentiality of such information rests with the Commissioner of the Department of Banking and Financial Institutions.

The Department of Banking and Financial Institutions will review the application and accompanying materials for completeness upon receipt. Investigation of the application may be delayed if the application is incomplete. Thus, full and complete answers should be given at the outset of the application process. Inquiries concerning the licensing, preparation, and/or filing of this application should be directed to the above address.

**NOTE: TO REPORT WASTE, FRAUD OR ABUSE BY ANY GOVERNMENT OFFICE OR OFFICIAL,
PLEASE CALL THE INSPECTOR GENERAL AT 1-800-521-1639.**



APPLICATION FOR A CHECK CASHERS LICENSE
District Of Columbia Check Cashers Act Of 1998

EACH LICENSE APPLIES TO ONE LOCATION OF BUSINESS OR MOBILE UNIT

If applying for more than one business location please make a copy of this application package

Indicate the Type Of License Applying For:

- ☐ Fee: \$300 for each **initial** license
☐ Fee: \$300 for each **mobile unit** license
☐ Fee: \$150 for each **limited station** license

OFFICE USE ONLY

License Number:

Date:	By:	Comments:

Answer All Questions. If not applicable, indicate with an N/A.

1. Applicant's name (if an individual) or the legal name under which business is conducted:

2. Trade name (d/b/a):

3. Address of business to be licensed:

Street

City

County

State

Zip Code

4. Telephone

Fax

Email

: _____ : _____ : _____

5. If business is conducted through a limited station, what *group of employees* will be served and at what *location* will the employees be served:

6. If business is conducted through the use of a mobile unit, in what *area* will the unit operate:

Registration No.: _____ License No.: _____

7. Contact person in regard to application *(License will be mailed to this address unless otherwise specified):*

Name and Title

Street Address

City

State

Zip Code

Telephone: _____ Fax: _____ E-mail: _____

8. Applicant must have and maintain an agent for service in the District of Columbia:

Agent's Name

Street Address

Washington

City

D.C.

State

Zip Code

Telephone: _____

9. Federal taxpayer identification number of applicant's business: _____

10. Business Structure: ☐ Proprietorship ☐ Partnership ☐ Corporation ☐ Trust
☐ Limited Liability Corporation ☐ Other: _____

11. If the business is a corporation, indicate the State of incorporation: _____

Date of
incorporation: _____

12. If the business is a partnership, provide the following information.

Indicate the type of partnership: ☐ General ☐ Limited

Indicate the city and state of partnership: _____

Describe or attach a copy of the partnership agreement (provide a full description):

13. Provide the following information for the president, senior vice presidents, secretary, treasurer, directors, stockholders owning or controlling more than 10% of any class of stock of the company, proprietor, general partners, and/or members (*attach supplemental schedules as needed*):

Name	Title	Percent Owned
------	-------	---------------

Business Address

Residence Address

Business Telephone Number

Residence Telephone Number

Name	Title	Percent Owned
------	-------	---------------

Business Address

Residence Address

Business Telephone Number

Residence Telephone Number

Name	Title	Percent Owned
------	-------	---------------

Business Address

Residence Address

Business Telephone Number

Residence Telephone Number

- [illegible]

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- This image shows a full page of white paper with horizontal blue or grey ruling lines. The lines are evenly spaced and run across the width of the page, leaving small margins at the top and bottom. There are no vertical margin lines, text, or other markings on the page.



SUPPLEMENTAL SCHEDULE
Question 13 of the Check Cashers Application

Provide the following information for the president, senior vice presidents, secretary, treasurer, directors, stockholders owning or controlling more than 10% of any class of stock of the company, proprietor, general partners, and/or members:

Name	Title	Percent Owned
------	-------	---------------

Business Address

Residence Address

Business Telephone Number

Residence Telephone Number

Name

Title

Percent Owned

Business Address

Residence Address

Business Telephone Number

Residence Telephone Number

Name

Title

Percent Owned

Business Address

Residence Address

Business Telephone Number

Residence Telephone Number



DEPARTMENT OF BANKING AND FINANCIAL INSTITUTIONS
Clean Hands Before Receiving a License or Permit Act of 1996 Certification Form

Sign and return this form with your Application

Please read this form carefully and completely before signing. Any false information provided requires that the Department of Banking and Financial Institutions proceed immediately to revoke the license for which you are now applying, and fine you one thousand dollars (\$1,000). This *Certification Form* is required to be completed and submitted with any application for licensure under the *Clean Hands Before Receiving a License or Permit Act of 1996*, effective May 11, 1996 (D.C. Law 11-118, D.C. Code § 47-2861 et seq.)

I, _____, as _____
(name) (owner/partner/corporate officer)

certify that _____, trading as _____
(business name) (trade name)

_____ using business tax number _____, as of this date,
(business address)

does not owe more than one hundred dollars (\$100) to the District of Columbia government as a result of:

1. Fines, penalties or interest assessed pursuant to the Litter Control Administration Act of 1995, effective March 25, 1986 (D.C. Law 6-100; D.C. Code § 6-2901 et seq.);
2. Fines, penalties or interest assessed pursuant to the Illegal Dumping Enforcement Act of 1994, effective May 20, 1994 (D.C. Law 10-117; D.C. Code § 6-2911 et seq.);
3. Fines, penalties or interest assessed pursuant to the Department of Consumer and Regulatory Affairs Civil Infractions Act of 1985, effective October 5, 1986 (D.C. Law 6-42; D.C. Code § 6-2701 et seq.); or
4. Past due taxes.

I understand that if I knowingly provide false information on this *Certification Form*, the Department of Banking and Financial Institutions will move to revoke the license for which I am applying and fine me one thousand dollars (\$1,000). I further understand that the Department of Banking and Financial Institutions may conduct an investigation to ascertain the veracity of the information contained in this *Certification Form*.

I understand that this *Certification Form* is now required as part of my application for a license, and that by completing it, I am not guaranteed that my license will be approved.

Signature

Title

Date



GOVERNMENT OF DISTRICT OF COLUMBIA
DEPARTMENT OF BANKING AND FINANCIAL INSTITUTIONS
Safety and Soundness Division
1400 L Street, N.W., Suite 400
Washington, DC 20005

Bond No. _____

Amount \$ _____

B O N D

KNOW ALL MEN BY THESE PRESENTS, That

(Name of Applicant/Principal)

(Business Address of Applicant)

of the City of _____, County of _____, and State of _____

as principal, and _____
(Name of Surety)

of the City of _____, County of _____, and State of _____

as surety, are held and firmly bound unto the District of Columbia for the use and benefit of the State and of any creditor or claimant against the principal or his agents in the principal sum of _____ Dollars (\$ _____),

for the payment of which, well and truly to be made, we bind ourselves, our heirs, executors, administrators, successors and assigns, jointly and severally by these presents.

WHEREAS, the above named principal has applied to the District of Columbia Department of Banking and Financial Institutions for a license to engage in business under the District of Columbia "Check Cashers Act of 1998."

NOW, THEREFORE, the condition of the foregoing obligation is such that if the principal obligor shall comply with the District of Columbia Check Cashers Act, all regulations duly promulgated thereunder, and all other laws applicable to the conduct of its business, and shall pay any and all monies that may become due and owing any person due to the violation of any such laws and regulations by the principal through its own acts or the acts of any agent of

the principal, then this obligation will be void, otherwise the same will remain in full force and effect.

This obligation is issued under and is governed by Section 7 of the District of Columbia “Check Cashers Act of 1998” and the obligations of the surety shall be those therein set forth.

This bond becomes effective as of _____, 20__ in support of license issued to Principal by the District of Columbia Department of Banking and Financial Institutions. This obligation may be continued by an appropriate renewal certificate in support of licenses issued for subsequent years. Pursuant to Section 7 of the District of Columbia “Check Cashers Act of 1998,” this bond may not be canceled by either the licensee or the corporate surety except upon notice to the Department of Banking and Financial Institutions by registered or certified mail with return receipt requested, the cancellation to be effective not less than 30 days after receipt by the Department of Banking and Financial Institutions of such notice and only with respect to any breach of condition occurring after the effective date of such cancellation.

WITNESS WHEREOF, the parties hereto have hereunto set our hands and affixed our seals this _____ day of _____, 20__.

Principal

By: _____

(SEAL)

Title: _____

Surety

By: _____

(SEAL)

Title: _____



APPLICATION FOR A CHECK CASHERS LICENSE
General Information

Each applicant for a license to engage in business as a check casher pursuant to the “Check Cashers Act of 1998” must complete and file this General Information form. **If the answer to any of the following questions is “YES,” circle the number and attach complete details.** “YOU” refers to any person included as a part of this application, including any business entity.

HAVE YOU EVER:	YES	NO
1. Been a defendant in any legal proceedings?	<input type="checkbox"/>	<input type="checkbox"/>
2. Been refused coverage under a fidelity of surety company, paid out any funds on your coverage, or canceled such coverage?	<input type="checkbox"/>	<input type="checkbox"/>
3. Had a license, permit, registration, or letter of approval – except a driver’s license – suspended, revoked, or restricted by any state or federal agency?	<input type="checkbox"/>	<input type="checkbox"/>
4. Been the subject of any order, judgment decree, reprimand, or other sanction of a court of law or a regulatory agency?	<input type="checkbox"/>	<input type="checkbox"/>
5. Been convicted of, or pleaded guilty or NOLO CONTENDERE, to any felony or misdemeanor except minor traffic violations?	<input type="checkbox"/>	<input type="checkbox"/>
6. Been a principal or employee of any firm, corporation, partnership, or association, which, while you were associated with it, was convicted of, or pleaded guilty, or NOLO CONTENDERE to, any felony or misdemeanor?	<input type="checkbox"/>	<input type="checkbox"/>
7. Been a principal or officer in any firm, corporation, partnership, or association which has failed in business, made a compromise with creditors, filed a bankruptcy petition, or been declared bankrupt?	<input type="checkbox"/>	<input type="checkbox"/>
8. Been the subject of any judgments or liens, which remained unsatisfied for six months or more?	<input type="checkbox"/>	<input type="checkbox"/>
9. Been associated in any endeavor related directly to business or financial activities with any person who was subject to regulatory sanctions by a state or federal agency at the time you were associated with them?	<input type="checkbox"/>	<input type="checkbox"/>



APPLICATION FOR A CHECK CASHERS LICENSE
General Information

10. Been the subject of any proceedings resulting in disciplinary action or found to have violated or to have aided, abetted, counseled, commanded, induced or procured the violation of any law, rule, or regulation of any agency responsible for regulating financial institutions or lenders in any jurisdiction? ☐ ☐
11. Been convicted of or received probation before judgment for any drug offense committed after January 1, 1991? ☐ ☐
12. Is any owner, officer, director, partner, or person holding more than a ten (10) percent interest in the business affiliated with any licensee regulated by the District of Columbia Department of Banking and Financial Institutions? ☐ ☐

“I HEREBY CERTIFY UNDER PENALTY OF PERJURY THAT THE INFORMATION CONTAINED HEREIN IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE, INFORMATION, AND BELIEF.”

Signature of Applicant

Date



APPLICATION FOR A CHECK CASHERS LICENSE

Signature and Oath of Applicants

Each applicant for a license to engage in business as a check casher pursuant to the "Check Cashers Act of 1998" must complete and file this Signature and Oath of Applicants form.

"I HEREBY SWEAR AND AFFIRM THAT THE INFORMATION CONTAINED HEREIN AND ATTACHMENTS HERETO ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE. FURTHER, THE PROVISIONS OF THE 'CHECK CASHERS ACT OF 1998' HAVE BEEN REVIEWED BY THE PRINCIPALS OF THE APPLICANT AS LISTED HEREIN AND ALL EMPLOYEES OF THE APPLICANT WILL BE MADE AWARE OF SUCH LAWS AND REGULATIONS AND CHANGES ENACTED HEREAFTER. IT IS THE PURPOSE OF THIS APPLICATION TO PERMIT THE DISTRICT OF COLUMBIA DEPARTMENT OF BANKING AND FINANCIAL INSTITUTIONS, ITS OFFICIALS, AND EXAMINERS TO GRANT A LICENSE TO ENGAGE IN THE BUSINESS OR BUSINESSES INDICATED HEREIN AND ANY FALSE STATEMENT OR OMISSION OF MATERIAL INFORMATION IN CONNECTION WITH THIS APPLICATION SHALL BE PUNISHABLE AS PROVIDED BY LAW."

Name of Corporate Applicant: _____

By: _____

Authorized Corporate Official

Title

(CORPORATE SEAL)

Attest: _____

Signatures of Individuals or Partners
of Unincorporated Applicant:



APPLICATION FOR A CHECK CASHERS LICENSE
Affidavit

Each applicant for a license to engage in business as a check casher pursuant to the “Check Cashers Act of 1998” must complete and file this Affidavit.

THE UNDERSIGNED HEREBY CERTIFIES OR AGREES TO THE FOLLOWING:

1. To the correctness, completeness, and accuracy of the information as submitted in the application and supplements thereto.
2. To comply with all the rules and regulations lawfully issued and promulgated by the Commissioner of the District of Columbia Department of Banking and Financial Institutions.
3. That the applicant is of good moral character and has sufficient financial responsibility, business experience, and general fitness to:
 - a) Engage in business as a check casher as defined under the District of Columbia “Check Cashers Act of 1998.”
 - b) Warrant the belief that the business will be conducted lawfully, honestly, fairly, and efficiently; and
 - c) Command the confidence of the public.
4. To authorize the Commissioner of the District of Columbia Department of Banking and Financial Institutions to conduct any investigation into the background of the applicant for the purpose of issuing the subject license.
5. To promptly submit any further information which may be required for the consideration of this application.
6. To notify the Commissioner of the District of Columbia Department of Banking and Financial Institutions of any changes in the information contained in this application, and further agrees to obtain written permission in advance for any change of address.

This request for information is continuing in nature; therefore, the individual providing the answers must retain a copy of this completed form. Should, at any time, new or different information than that provided to the Commissioner come to the attention of the person executing the affidavit below, he or she is required to inform the Commissioner of that change in writing as soon as possible.



APPLICATION FOR A CHECK CASHERS LICENSE

Background Check Authorization

Each director, senior officer, partner, and principal of the applicant for a license to engage in business as a check casher pursuant to the "Check Cashers Act of 1998" must complete and file this Background Check Authorization form.

TO WHOM IT MAY CONCERN:

I hereby authorize and request that all local, municipal, city, county, state and federal law enforcement authorities furnish such information regarding criminal records, investigations, background, or other information of whatever kind and nature, whether known to me or otherwise, to the District of Columbia Department of Banking and Financial Institutions. It is understood that the District of Columbia Department of Banking and Financial Institutions shall be under no obligation to disclose such information to me or any other person and may accept such information under such conditions concerning confidentiality and disclosure as the person providing such information shall require.

A copy of this authorization shall be accepted with the same force and validity as the original.

Signature

Print Full Name

Street Address

City, State, Zip Code

Social Security Number

Date of Birth

Date

Witness



APPLICATION FOR A CHECK CASHERS LICENSE
Personal Financial Report And Biographical Information

APPLICATION FOR A CHECK CASHERS LICENSE
Personal Financial Report And Biographical Information

Each director, senior officer, partner, and principal of the applicant for a license must complete and file this Personal Financial Report and Biographical Information form.

INSTRUCTIONS

1. Financial reports should be less than ninety days old at the time of filing. Indicate any material change in statement since the date of preparation.
2. Financial reports are to be properly dated and signed and certified as true and correct. Applicants should submit original signatures on the financial reports. A financial report that contains false information reflects upon the character of the proposed officer or director and may raise questions concerning the integrity of the applicant's principals.
3. An answer to each item is required. If an answer is "no," "none," "not applicable," or "unknown," so state. If space provided on the form is inadequate, attach a separate schedule. All such schedules must be signed and dated.
4. If assets or liabilities are jointly held with a spouse, both the husband and wife must sign the financial report and include all assets and liabilities of both.
5. If a substantial portion of an individual's net worth is an incorporated business, proprietorship, or partnership, a separate financial report of such business should be attached to the personal financial report. The interest of a person in such a business should also appear in "Schedule C – Other Assets" of the personal financial report, and the net annual income derived from such interest should be on the personal statement of income on page 4.



APPLICATION FOR A CHECK CASHERS LICENSE
Personal Financial Report And Biographical Information

FINANCIAL REPORT

Section I

I, _____ of _____
(Name) (Business Address)
submit herewith the following information and a correct and complete statement of my financial
condition as of _____ to the D.C. Department of Banking and Financial Institutions for its
(Date)
confidential use with regard to an application, in connection with _____ .
(Name of Company)

An answer to each item is required. If the answer is "no," "none," or "not applicable," so state. If an item of information called for is "unknown," so state. If space provided on this form is inadequate, attach a separate schedule. All such schedules must be signed and dated.

ASSETS

1. Cash on hand and in banks _____
2. Notes, loans and other accounts receivable
considered good and collectible _____
3. Merchandise and inventory -- at lower of
cost or market value _____
4. Real Estate -- from Schedule A _____
5. Machinery and equipment -- at cost less
depreciation _____
6. Marketable securities -- from Schedule B _____
7. Life insurance -- cash surrender
value (face amount \$ _____) _____
8. Other assets -- from Schedule C _____

TOTAL ASSETS \$ _____

LIABILITIES

9. Accounts payable _____
10. Notes payable to banks --
from Schedule D _____
11. Notes payable to others --
from Schedule E _____
12. Real estate mortgages
unpaid -- from Schedule F _____
13. Interest and taxes due and
unpaid -- from Schedule G _____
14. Other debts and liabilities --
from Schedule H _____

TOTAL LIABILITIES \$ _____

NET WORTH \$ _____

**TOTAL
LIABILITIES AND
NET WORTH \$** _____

NOTE: Notes, accounts receivable, mortgages, and other assets considered doubtful, and not included in the above financial statement have an estimated value of \$ _____.



APPLICATION FOR A CHECK CASHERS LICENSE
 Personal Financial Report And Biographical Information

CONTINGENT LIABILITIES

In addition to the debts and liabilities listed above, I have endorsed, guaranteed, or am otherwise indirectly or contingently liable for the debts of others as follows:

Name and Address of Debtor or Obligor	Name and Address of Creditor or Obligor	Description of Collateral	Value of Collateral	Date Obligation Incurred	Due	Current Amount
TOTAL						\$

STATEMENT OF INCOME

	3 years previous	2 years previous	Previous Year	Current Year
Salaries, wages, and commissions from employment				
Income from dividends and interest				
Net income from rents, royalties, and investments				
Other income				
TOTAL INCOME				
Taxes (federal and state income taxes)				
NET INCOME (after taxes)				

SUPPORTING SCHEDULES

Schedules set forth on this page must agree in total with the appropriate item contained in the Financial Statement on page 2 of this report.

Schedule A – Real Estate Owned

Description and Location	Title in Whose Name	Date Acquired	Percentage of Your Interest	Cost of Your Interest	Current Market Value
CARRIED FORWARD TO ITEM 4, PAGE 2					TOTAL \$



APPLICATION FOR A CHECK CASHERS LICENSE
 Personal Financial Report And Biographical Information

Schedule B – Marketable Securities

Description	Amount	Description	Amount
CARRIED FORWARD TO ITEM 6, PAGE 2		TOTAL	\$

Schedule C – Other Assets

Description	Basis for Valuation	Value
CARRIED TO ITEM 8, PAGE 2	TOTAL	\$

Schedule D – Notes Payable to Banks

Name of Creditor	Security	Date Due	Amount
CARRIED TO ITEM 10, PAGE 2	TOTAL	\$	

Schedule E – Notes Payable to Others

Name of Creditor	Security	Date Due	Amount
CARRIED TO ITEM 11, PAGE 2	TOTAL	\$	

Schedule F – Real Estate Mortgages Payable

Name of Creditor	Security	Date Due	Amount
CARRIED TO ITEM 12, PAGE 2	TOTAL	\$	

Schedule G – Interest & Taxes Due & Unpaid

Description	Payable To	Date Due	Amount
CARRIED TO ITEM 13, PAGE 2	TOTAL	\$	

Schedule H – Other Debts and Liabilities

Description	Date Due	Amount
CARRIED TO ITEM 14, PAGE 2	TOTAL	\$

BIOGRAPHICAL INFORMATION



APPLICATION FOR A CHECK CASHERS LICENSE
Personal Financial Report And Biographical Information

Section II

Name of Applicant: _____

Other Names Used in Place of Given Name: _____

Date of Birth: _____ Place of Birth: _____ Citizenship: _____

Social Security Number: _____

Residential Address: _____

Length of Residence in Community: _____

Marital Status: _____ Spouse's Name: _____

Spouse's Date of Birth: _____ Spouse's Social Security Number: _____

List Civic, Professional, Social, or Other Organizations in Which You Have Membership:

Resume of Education: _____

EMPLOYMENT RECORD

(Include Employment for Last 7 Years)

Date		Name, Location, and Type of Business	Position Held and Nature of Duties
From	To		

Discharges and Requested Resignations:

List each employment from which you have been discharged or fired for any reason, or from which you have resigned or quit after being requested to do so by your employer or after having been informed by your employer of an intention to discharge you.

Name and Address of Employer	Date of Discharge or Resignation	Reason or Explanation

BANKRUPTCIES



APPLICATION FOR A CHECK CASHERS LICENSE
Personal Financial Report And Biographical Information

List all proceedings in bankruptcy, receivership, assignments for the benefit of creditors, and other similar proceedings for the benefit of creditors of which you are or were the subject or of which the subject was a corporation or other similar business organization in which you hold or held a ten (10%) percent or more legal or equitable ownership interest and/or in which you are or were an executive officer and/or director.

Title and Nature of Proceeding	Date	Name and Address of Court	Disposition (Outcome)

JUDGMENTS

List all civil or administrative judgments or orders issued against you or any corporation or other similar business organization in which you hold or held a ten (10%) percent or more legal or equitable ownership interest and/or in which you are or were an executive officer and/or a director by any Federal or state court or by any department, agency, or commission of the U.S. Government or any state or municipality, or any foreign government or government entity. Furnish copies of all such judgments, orders, opinions, reports of investigations, etc. This information must be supplied for the past seven years.

Title and Nature of Judgment	Date	Name and Address of Court Where Judgment Entered	Name and Address of Holder of Judgment	Amount

OFFENSES

Arrests and Trials: List each charge or indictment against you or any business or similar organization of yours, each arrest by any law enforcement agency, and each trial, whether or not convicted, in connection with any crime or other offense, other than minor traffic violations. A "business or similar organization of yours" means one in which you now hold or held a ten (10%) percent or more ownership interest or occupy or occupied a policy making position in senior management.

Reason Charged or Tried	Name of Charging or Arresting Authority	Name of Court Where Tried	Date and Place (Include city and state where charge/arrest/trial took place)	Date and Disposition (Outcome)



APPLICATION FOR A CHECK CASHERS LICENSE
Personal Financial Report And Biographical Information

SUPERVISORY ACTIONS, AGREEMENTS, AND RELATIONSHIPS

If the answer to any of the questions below is "Yes," attach a statement giving a clear understanding of the actions, agreements, or relationships.	YES	NO
1. Are you now or have you ever been an officer or director of any financial institution, including a commercial bank, a savings bank, a trust company, a savings and loan association, a credit union, or a mortgage company, with respect to which there has been a change in status through closing, reorganization, merger, or any other action as a result of state or Federal supervisory action?	<input type="checkbox"/>	<input type="checkbox"/>
2. Has your tenure as an officer or director of any such institution been changed or terminated as a result of state or Federal supervisory action?	<input type="checkbox"/>	<input type="checkbox"/>
3. List any past or ongoing, formal or informal investigations, examinations, or administrative proceedings conducted by any department, agency, or commission of the United States or any state or municipality, or any foreign government or governmental entity, and any agreements, undertakings, or consents entered into with any of the foregoing, involving you (or controlling persons of the applicant, or affiliates, or companies controlled by the applicant or controlled by controlling persons of the applicant). Describe the nature of the inquiry and the results thereof.	<input type="checkbox"/>	<input type="checkbox"/>

FINANCIAL INSTITUTION RELEASE

List the names and addresses of all banks, savings and loan associations, or any other financial institutions with whom you have done business during the past five years, and state whether each account is active or closed.

Account #	Active/Closed	Name of Bank	Address	City/State	Zip

I hereby agree that any of the referred financial institutions may release the information requested by the Department of Banking and Financial Institutions to determine my qualifications.

Signature

Date



APPLICATION FOR A CHECK CASHERS LICENSE
Personal Financial Report And Biographical Information

BUSINESS AFFILIATIONS

List all firms, companies, corporations, or other business organizations of which you are at present a director, officer, employee, partner, or owner.

Name of Business	Location	Type of Business	Position Held

CERTIFICATE

I HEREBY CERTIFY THAT THE FOREGOING INFORMATION AND STATEMENT OF FINANCIAL CONDITION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF THAT SAID INFORMATION AND STATEMENT OF FINANCIAL CONDITION ARE SUBMITTED VOLUNTARILY BY ME TO THE D.C. DEPARTMENT OF BANKING AND FINANCIAL INSTITUTIONS FOR ITS CONFIDENTIAL USE.”

Signature of Applicant

Date

Signature of Spouse

(required if assets or liabilities are held jointly)

Date

Note: Submit *original signatures* on financial reports to the Department of Banking and Financial Institutions.